

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or F VILLAGE OF HOMEWOOD			ermit Number: IS4-IL40035		on Representing Per LACHAPELLE	mittee Who Cor	ntacted IEPA.
Date: Time: A 03-14-14 3:00	M PM	IEPA Office C			Name of IEPA Emp Alan Anderson	loyee Contacte	ed:
Sanitary Sewer Overfl	ow or B	ypass Detai	ils				• .
Date and Duration of Overfl	ow or Bypa					ce):	
Start Date: Time: A 1:00 [AM PM	Duration of the 1 HOURS	e overflow or by	pass (hou	ırs and minutes):		
Discharged MGD	FP Flow Do): Not app em SSO.	uring bypass (re plicable for a co	ollection	cation of t	he Overflow or Bypas	s s:	
50 GALLONS N/A			18	107 DIXIE	HWY		<u> </u>
Circumstances Causi	ng the C	verflow or	Bypass (che	ck all th	nat apply)		
WPC 733	n w Melt	☐ Power Oul		i di kabana	ure 区 Other (expla ooding	ain below)	
Provide a narrative descript failed. What caused the po significant flooding that is called	wer outag	e, or what plug	ged the sewer.	Flooding:	should only be indica	ted, as a cause	if there is
OWNER REPORTED BAC SEWER JET TO CLEAR TH						TH GREASE. V	VE USED OUR

				·				∆	mount of Snow Melt
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of R	tainfall (inche		inches)
Contributing	Soil Cond	litions (satu	ırated, frozen,	soil type)					. :
Where Did	the Dis	scharge t	rom the Ov	erflow	or Bypas	s Go? (ch	eck all tha	at app	ıly)
Provide the in the financial of the first discharge storm sewer	does not e	enter directl	y into surface v	at the was water, but	stewater en t indirectly b	ers, which co y way of a dit	ould be a nea tch or storm	arby str sewer,	eam, river, lake, or wetlar trace the path of the ditch
Runs on	ground ar	ıd absorbs	into the soil						
Ditch: N	ame of su	rface water	r it drains to:						and the second
Storm Se	ewer: N	ame of sur	face water it dr	ains to:					
Surface	water dire	ct discharg	ıe:	2			. <u> </u>		
	T		er & use (i.e.re	esidential,	, commercia	l) of buildings	s affected):	1 RESI	DENTIAL
Other, d					•				
	<u>.:</u>	· ·							
Actions to	Correc	t This O	ccurrence a	and Prev	vent Futu	re Owerflo	ws or By	passe	es ·
	ปรด ต่อรดิป	he what ac	tions are plann	ed to prev	vent or mini	mize future o	verflows or b	voasse	ess. Illinois law and NPD
permits prot may be the WE SHOT	nibit overflow subject of THE SEW	ows or byp enforceme ER AND RI	asses, unless on the second section. EMOVED THE	certain sp BLOCKA	GE AND D	RIANED THE	et. Sanitary s	sewer o	w or bypass reported on ess. Illinois law and NPD overflows and bypasses WILL HAVE THE AREA H GREASE
permits prot may be the WE SHOT	nibit overflow subject of THE SEW	ows or byp enforceme ER AND RI	asses, unless nt action.	certain sp BLOCKA	GE AND D	RIANED THE	et. Sanitary s	sewer o	overnows and bypasses WILL HAVE THE AREA
permits prot may be the WE SHOT	nibit overfi subject of THE SEW ITS GREA	ows or byp enforceme ER AND RI ASE TRAPS	asses, unless on the second section. EMOVED THE	certain sp BLOCKA	echied con AGE AND D ERMIN WH	RIANED THE	et. Sanitary (Emanhole The Sewe	sewer o	overnows and bypasses WILL HAVE THE AREA
permits prof may be the WE SHOT RESTURAN Report Co	nibit overfisubject of THE SEWITS GREA DIMPLEMENTAL SEMINARY DIMPL	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPE	asses, unless nt action. EMOVED THE S INSPECTED	certain sp BLOCKA	ecified cond AGE AND D ERMIN WH	RIANED THE	et. Sanitary s MANHOLE THE SEWE	sewer o	overnows and bypasses WILL HAVE THE AREA H GREASE.
permits prof may be the WE SHOT RESTURAN	nibit overfisubject of THE SEWITS GREA DIMPLEMENTAL SEMINARY DIMPL	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPE	asses, unless nt action. EMOVED THE S INSPECTED	certain sp BLOCKA	ecified cond AGE AND D ERMIN WH	RIANED THE O IS FILLING	et. Sanitary s MANHOLE THE SEWE	sewer o	overnows and bypasses WILL HAVE THE AREA H GREASE.
permits prof may be the WE SHOT RESTURAN Report Co	omplete son: BOB ess: 2020	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU	asses, unless nt action. EMOVED THE S INSPECTED	certain sp BLOCKA	AGE AND DERMIN WH Auth Conta	RIANED THE O IS FILLING HORIZED RE ACT PERSON: SA	et. Sanitary s MANHOLE THE SEWE	sewer o	overnows and bypasses WILL HAVE THE AREA H GREASE.
permits prof may be the WE SHOT RESTURAN Report Co Contact Per Street Addre	ompleted son: BOB ses: 2020	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD	asses, unless nt action. EMOVED THE S INSPECTED LLE T RD State:	EBLOCKA TO DETI	Auth Conta Title:	RIANED THE O IS FILLING HORIZED RE ACT PERSON: SA	et. Sanitary s MANHOLE THE SEWE	sewer o	overnows and bypasses WILL HAVE THE AREA H GREASE. ontact Information
permits prof may be the WE SHOT RESTURAN Contact Per Street Addre PO Box: City: Zip Code:	omplete son: BOB ess: 2020 HOM 60430	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD	asses, unless int action. EMOVED THE S INSPECTED LLE T RD	EBLOCKA TO DETI	AGE AND DERMIN WH Conta Title: Stree PO B City:	RIANED THE O IS FILLING ROPIZED RE	et. Sanitary s MANHOLE THE SEWE	S. WER WIT	State:
permits prof may be the WE SHOT RESTURAN Contact Per Street Addre PO Box: City:	ompleted son: BOB ses: 2020	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD	asses, unless nt action. EMOVED THE S INSPECTED LLE T RD State:	EBLOCKA TO DETI	AGE AND DERMIN WH Conta Title: Stree PO B City: Zip C	RIANED THE O IS FILLING A CONTROL A CONTRO	et. Sanitary s MANHOLE THE SEWE	S. WER WIT	overnows and bypasses WILL HAVE THE AREA H GREASE. ontact Information
permits prof may be the WE SHOT RESTURAN Contact Per Street Addre PO Box: City: Zip Code:	omplete son: BOB ess: 2020 HOM 60430	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD	asses, unless nt action. EMOVED THE S INSPECTED LLE T RD State:	EBLOCKA TO DETI	AGE AND DERMIN WH Conta Title: Stree PO B City:	RIANED THE O IS FILLING A CONTROL A CONTRO	et. Sanitary s MANHOLE THE SEWE	S. WER WIT	State:
permits prof may be the WE SHOT RESTURAN Contact Per Street Addre PO Box: City: Zip Code: County:	omplete son: BOB ess: 2020 HOM 60430 COO	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD K	asses, unless int action. EMOVED THE SINSPECTED TRD State: Phone: 708-20	EBLOCKA TO DETI	Auth Auth Conta Title: Stree PO B City: Zip C	RIANED THE O IS FILLING orized React Person: Si t Address: ox: ode: ty:	et. Sanitary s EMANHOLE THE SEWE	S. WER WIT	WILL HAVE THE AREA H GREASE. Ontact Information State:
permits prof may be the WE SHOT RESTURAN Report Co Contact Per Street Addre PO Box: City: Zip Code: County:	ompleted son: BOB ess: 2020 HOM 60430 COO who kno	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD K	asses, unless int action. EMOVED THE SINSPECTED LLE T RD State: Phone: 708-20	IL 06-2910	AGE AND DERMIN WH Conta Title: Stree PO B City: Zip C Coun	RIANED THE O IS FILLING THE O IS FILLING THE O IS FILLING THE OTIZED RED THE OTIZ	et. Sanitary s EMANHOLE THE SEWE presentati AME	S. WER WIT	State:
permits prol may be the WE SHOT RESTURAN Report Co Contact Per Street Addre PO Box: City: Zip Code: County:	ompleted son: BOB ess: 2020 HOM 60430 COO COO	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD K wingly ma s a Class 4	asses, unless int action. EMOVED THE SINSPECTED State: Phone: 708-20	IL 06-2910	AGE AND DERMIN WH Conta Title: Stree PO B City: Zip C Coun	RIANED THE O IS FILLING THE O IS FILLING THE O IS FILLING THE OTIZED RED THE OTIZ	et. Sanitary s EMANHOLE THE SEWE presentati AME	S. WER WIT	WILL HAVE THE AREA H GREASE. Ontact Information State: hone:
permits profinally be the WE SHOT RESTURAN RESTURAN RESTURAN REPORT CO. Contact Personal Street Address County: Any personal Illinois EPA ILCS 5/44(In Authorized)	ompleted son: BOB ess: 2020 HOM 60430 COO who know know know know know know know kno	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD K wingly ma a Class 4	asses, unless int action. EMOVED THE SINSPECTED State: Phone: 708-20	IL 06-2910	AGE AND DERMIN WH Conta Title: Stree PO B City: Zip C Coun or fraudule subsequent	RIANED THE O IS FILLING THE O IS FILLING THE O IS FILLING THE OTIZED RED THE OTIZ	et. Sanitary s EMANHOLE THE SEWE presentati AME statement, o	S. WER WIT	WILL HAVE THE AREA H GREASE. Ontact Information State: hone:
permits profinacy be the WE SHOT RESTURAN RESTURAN Contact Perstreet Address PO Box: City: Zip Code: County: Any person Illinois EPA ILCS 5/44(III	ompleted son: BOB ess: 2020 HOM 60430 COO who know know know know know know know kno	ows or bypenforceme ER AND RI ASE TRAPS d By LACHAPEI CHESTNU EOOD K wingly ma a Class 4	asses, unless int action. EMOVED THE SINSPECTED State: Phone: 708-20	IL 06-2910	AGE AND DERMIN WH Conta Title: Stree PO B City: Zip C Coun or fraudule subsequent	RIANED THE O IS FILLING THE O IS FILLING THE O IS FILLING THE OTIZED RED THE OTIZ	et. Sanitary s EMANHOLE THE SEWE presentati AME statement, o	S. WER WIT	WILL HAVE THE AREA H GREASE. Ontact Information State: hone:



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or Facility Name): Village of homewood					Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA Robert LaChapelle		
Date: 02-25-14	Time: 7:35	AM ×	PM	IEPA Office Des Plaines	Contacted:	Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanitary Se	ewer Ove	erflow	or E	ypass De	tails			
Date and Dura	ation of Ov	erflow	or Byp	ass Occurren	nce (complete a sep	arate form for each occurrence):		
Start Date: 02-24-14	Time: 15:10	AM	PM ×	Duration of	the overflow or byp	ass (hours and minutes):		
Estimated Vol Wastewater Discharged (gallons):	V\	MTP I IGD): I ystem \$	Not ap	uring bypass plicable for a	collection	tion of the Overflow or Bypass:		
 Circumstar	nces Ca	using	the (Overflow c	r Bypass (chec	k all that apply)		
WPC 733		Rain		☐ Power (Outage 🗌 Equipm	ent Failure 🗵 Other (explain below)		
11/2011		Snow N	/lelt	☐ Broken	Sewer Widesp	read Flooding		
failed. What o	caused the	power	outag	e, or what pl	ugged the sewer. F	ypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is evels, not just localized high water in the street.		

Wet Weather (if applicable)							
Date(s) and Duration of Rainfall:							
Start Date: Time: AM PM End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing Soil Conditions (saturated, frozen n/a	ı, soil type)						
Where Did the Discharge from the O	verflow	or Bypas	ss Go? (check all that a	pply)			
Provide the name of the local receiving water to lift discharge does not enter directly into surface storm sewer to find the receiving water. Runs on ground and absorbs into the soil	hat the wa water, bu	stewater er t indirectly l	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or			
☐ Ditch: Name of surface water it drains to:							
Storm Sewer: Name of surface water it of	drains to:	00000					
Surface water direct discharge:							
⊠ Basement Back-ups, (Number & use (i.e.	residential	, commerci	al) of buildings affected): 1 RE	ESIDENTAL			
Other, describe:							
Actions to Correct This Occurrence Describe what actions were taken to minimize this form. Also describe what actions are plan permits prohibit overflows or bypasses, unless may be the subject of enforcement action. Resident at 1900 Idlewild Ave had sewer bac through the line and cleared the blockage. the	the volumined to prescentain specifical	ne of wasteverent or min pecified con	vater discharged from the over imize future overflows or bypa ditions are met. Sanitary sew The village sewer line was blo	flow or bypass reported on ssess. Illinois law and NPDES er overflows and bypasses			
Report Completed By		Aut	norized Representative	Contact Information			
Contact Person: Robert LaChapelle		Cont	act Percon: Same				
Street Address: 2020 Chestnut rd	-	Contact Person: Same Title:					
PO Box:	7		et Address:				
City: Homewood State	: IL	PO E	Box:				
Zip Code: 60430 Phone: 708-2	206-2910	City:		State:			
County: Cook			ode:	Phone:			
		Cour	ity:				
Any person who knowingly makes a false, i Illinois EPA commits a Class 4 felony. A se ILCS 5/44(h))							
Authorized Representative Name (Print)		Title					
Robert LaChapelle		Utility supe	ervisor				
But after			2-25	-14			

Authorized Representative Signature

Date



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or Facility Name): Village of Homewood					Permit Numberms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle
Date:	Time:	AM	PM	IEPA Office	e Contacted:	Name of IEPA Employee Contacted:
01-13-14	8:20	X		Des Plaine	\$	ALAN ANDERSON
Sanitary Se	wer Ove	erflow	or E	ypass De	tails	
Date and Dura	ition of Ov	erflow	or Byp	ass Occurre	nce (complete a	a separate form for each occurrence):
Start Date:	Time:	ΑM	PM	Duration of	the overflow o	bypass (hours and minutes):
01-11-14	1:00	_ LJ	X	1		
Estimated Vol Wastewater Discharged (gallons):	V\ M	WTP I IGD): I ystem S	Not ap	uring bypass plicable for a	(report in collection	Location of the Overflow or Bypass:
25						house
Circumstar	nces Ca	using	the 0	Overflow o	r Bypass (c	heck all that apply)
WPC 733	X	Rain		☐ Power (Outage 🗌 Ed	uipment Failure 🗵 Other (explain below)
11/2011	X	Snow N	vi elt	☐ Broken	Sewer W	idespread Flooding
failed. What o	caused the	power	outag	e, or what pl	ugged the sew	or bypass occurred. For example, describe what equipment er. Flooding should only be indicated, as a cause if there is ater levels, not just localized high water in the street.
THE VILLAGE UP	ESEWER	WAS E	BLOCK	(ED. THE HE	EAVY RAIN AN	D SNOW MELT FLOODED THE SEWER CAUSING TO BACK

Wet Weathe	r (if appli	cable)								
Date(s) and [Ouration o	of Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt			
<u>01-10-14</u>	4:00		01-11-14	2:00	_ 🗵 🗌	.94"	(inches) 6"			
Contributing FROZEN	Soil Cond	litions (satu	ırated, frozen,	soil type)						
Where Did	the Di	scharge i	from the O	verflow	or Bypas	ss Go? (check all that a	pply)			
	loes not e to find the	enter direct e receiving	ly into surface water.				stream, river, lake, or wetland. ver, trace the path of the ditch or			
Ditch: Na	ame of su	rface wate	r it drains to:							
Storm Se	wer: N	ame of sur	face water it d	rains to:						
Surface	water dire	ect discharg	je:							
⊠ Basemer	ıt Back-u _l	os, (Numb	er & use (i.e.r	esidential	, commerci	al) of buildings affected): 1 RI	ESIDENTAL			
Other, de	escribe:									
and cleared	the block	age.	e nau sewei	раск-ир			BLOCKED. We shot the sewer			
Report Co	mpiete	аву			Aut	horized Representative	Contact information			
Contact Pers					_	Contact Person: Same				
Street Addre	ss: <u>2020</u>	Chestnut r	d		Title					
PO Box:	Llama			11	Stree PO E	et Address:				
City:	6043	ewood	State: Phone: 708-2		City:	OOX.	_ State:			
Zip Code: County:	Cook		Priorie: 100-2	00-2010	-	ode:	Phone:			
					Cour					
Any person Illinois EPA ILCS 5/44(h)	commits	wingly ma a Class 4	nkes a false, f felony. A se	ictitious, cond or s	or fraudul subsequen	ent material statement, orall t offense after conviction is	y or in writing, to the a Class 3 felony. (415			
Authorized F	Represent	ative Name	e (Print)		Title					
Robert LaCh	apelle				Utility sup-	ervisor				
Rut	fh					1-13-	14			

Date

Authorized Representative Signature



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (Municipality or Facility Name): Village of Homewood					emit Number: s4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle
Date: 01-13-14	Time: 8:20	AM ×	PM	IEPA Office Contacted: Des Plaines		Name of IEPA Employee Contacted: ALAN ANDERSON
Sanitary Se	wer Ove	rflow	or E	Sypass Detai	ls	
Date and Durat	tion of Ove	erflow	or Byp	ass Occurrence	(complete a	separate form for each occurrence):
Start Date: 01-10-14	Time: 9:50	AM	PM ⊠	Duration of the	overflow or b	bypass (hours and minutes):
Estimated Volu Wastewater Discharged (gallons):	W M	WTP F GD): N	Not ap	uring bypass (re plicable for a co	llection	ocation of the Overflow or Bypass:
25					<u>h</u>	ouse
Circumstan	ces Cau	ısing	the C	Overflow or E	Bypass (ch	eck all that apply)
WPC 733	× F	Rain		☐ Power Out	age 🗌 Equ	ipment Failure 🛛 Other (explain below)
11/2011	\times s	Snow N	/lelt	Broken Se	wer 🗌 Wid	lespread Flooding
failed. What c	aused the	power	outag	je, or what plugg	ged the sewer	or bypass occurred. For example, describe what equipment. Flooding should only be indicated, as a cause if there is ter levels, not just localized high water in the street.
THE VILLAGE UP	SEWER	WAS E	SLOCK	(ED. THE HEAV	Y RAIN AND	SNOW MELT FLOODED THE SEWER CAUSING TO BACK

Wet Weather (i	if applicable)							
Date(s) and Du	ration of Rainfall:							
Start Date: T	ime: AM PM	End Date: Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
	3:00 X	01-11-14 2:00	_ 🗵 🗆	.94"	6"			
Contributing So	oil Conditions (sat	urated, frozen, soil type))					
Where Did t	he Discharge	from the Overflow	or Bypa	ss Go? (check all that a	pply)			
If discharge doestorm sewer to	es not enter direct find the receiving	ly into surface water, b water.	astewater e ut indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or			
_	ound and absorbs							
	e of surface wate							
Storm Sewe		face water it drains to:						
·	iter direct dischar							
■ Basement I	Back-ups, (Num	ber & use (i.e.residentia	al, commerc	ial) of buildings affected): 1 RE	ESIDENTAL			
Other, des	cribe:							
			 4 4	Owerflawe or Burne				
				ure Owerflows or Bypas				
this form. Also permits prohibit	, docariba what a	ctions are planned to pr passes, unless certain s	avent or mil	water discharged from the oven nimize future overflows or bypa nditions are met. Sanitary sew	ISSESS HIIINOIS IAW AND INPUED			
Resident at 20 cleared the blo		sewer back -up in the	house. The	village sewer line was BLOCKI	ED. We shot the sewer and			
Report Com	pleted By		Aut	thorized Representative	Contact Information			
Contact Persor	ı: Robert LaChap	elle	Con	tact Person: Same				
	: 2020 Chestnut		Title:					
PO Box:			 Stre	at fieldungs.				
City:	Homewood	State: IL	_ PO	Box:				
Zip Code:	60430	Phone: 708-206-2910	_		State:			
County:	Cook			Code:	Phone:			
			Cou	nty:				
Any person w Illinois EPA co ILCS 5/44(h))	ho knowingly m ommits a Class	akes a false, fictitious 1 felony. A second or	, or fraudu subsequei	lent material statement, orall nt offense after conviction is	y or in writing, to the a Class 3 felony. (415			
Authorized Re	presentative Nam	e (Print)	Title					
Robert LaCha	pelle		Utility sup	pervisor				
Rethel				1-/3.	-14			
Author	ized Representat	ive Signature		Date	(